Rev. 05/12

Complete 4/16/2012

## STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

RECEIVED APR 1 1 2014

## ASSIGNMENT OF APPLICATION FOR PERMITepartment of Water Resources To change the ownership of an application for permit Eastern Region

Chris Drakos of Lambert Produce Co. Inc. , hereby assign to Tanner Lane Ranch LLLP					
Current applicant of, P.O. Box 793, Blackfoot, ID 83221	New applicant(s)				
New owner's address including city, state and ZIP	Phone				
All my right, title, and interest in and to Application for to appropriate the public waters of the State of Idaho.	Permit No(s).: 27-7568				
OR (for partial assignments)					
The following described portion of my right, title, and in	nterest in and to Application for Permit No(s).:				
	, to appropriate the public waters of the State of Idaho.				
Describe in detail the portion of the application for permi subdivision, point of diversion location, and amount of the					
Does the new applicant own the property at the:					
Point of diversion?  Place of use?  Yes No  Yes No					
If no, describe the arrangement enabling the new applica	ant to access the point of diversion and/or the place of use:				
Dated this 19th day of March  President	20 <u>14</u> .				
Signature of current applicant Title (if applicable)	Signature of current applicant Title (if applicable)				
State of Idaho )					
County of Bingham )ss					
On this 19 may be 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, personally appeared before me the signer(s) of the above				
instrument, who muy acknowledge do me that he/she/they ex	recuted the same.				
	Dugin & Sohr				
instrument, who had acknowledged to me that he/she/they ex	Notary Public				
THE OF IDAMINIT	My commission expires: 12-10-16				

No. <b>C 4821</b>	.8	D	Due no later than Sep 30, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.  LAMBERT PRODUCE, INC. CHRIS DRAKOS BOX 793		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF S 700 WEST JEFFER PO BOX 83720 BOISE, ID 83720-	RSON	LAMBERT PI CHRIS DRA BOX 793			CHRIS DRAKOS 405 N. E. MAIN BLACKFOOT ID 83221				
NO FILING FE RECEIVED BY DU	E DATE		ID 83221		3. New Registered Agent Signature:*				
Office Held	Name	and business A	ddresses of President, Secretary, and Direct Street or PO Address						
		DRAKOS	PO BOX 793		CKFOOT		Country	Postal Code 83221	
5. Organized Under	the Laws	of: 6. Annual	Report must be signed.*						
ID			re: Chris Drakos		Date: 07/24/2013				
C 48218		Name (	Name (type or print): Chris Drakos			Title: President			
Processed 07/24/201	13	* Electronic	cally provided signatures are accepted as o	riginal	signature	es.			